**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

091543855

(Column 1) (Column 2)									SMALL ENTITY  TYPE  OF		ÓR	OTHER THAN R SMALL ENTITY	
FOR			NUMBER FILED			NUMBER EXTRA		Г	RATE	FEE	]	RATE	FEE
BASIC FEE										345.00	OR	, (A.)	690.00
TOTAL CLAIMS			80	minus 2	0= 1	60	)		X\$ 9=		OR	X\$18=	1080.40
	EPENDENT CL		6 minus 3 =			3			X39=		OR	X78=	724.0
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	2004,00
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY (		OR	OTHER THAN SMALL ENTITY	
	CONTRACTOR AND		umn 1) _AIMS	NASY PROTESTED		IIGHEST	(Column 3)			ADDI-	j		ADDI-
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		4	NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*		Minus			=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***	51:5 OL 1114	=		X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=	
								Δ.	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Co	lumn 1)		(C	olumn 2)	(Column 3)	A.	DUIT. PEE I			ADDII. I EE	
_	NAVESTA VITA TOLENIA	· C	LAIMS		F	IIGHEST		Ì	}	ADDI-	1		ADDI-
AMENDMENT B		A	MAINING AFTER NDMENT	N. see also	PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total			Minus	**		=	H	X\$ 9=		OR	X\$18=	
	Independent	•		Minus			=		X39=		OR	X78=	
H	FIRST PRESE	NTATI	ON OF MI	ULTIPLE DEI	FND	ENI CLAIM		¹   ├	+130=		OR	+260=	
								L	TOTAL		اما	TOTAL	
								A	DDIT. FEE		OR	ADDIT. FEE	
L			lumn 1)			olumn 2)	(Column 3)						
AMENDMENT C		REI	LAIMS MAINING AFTER NDMENT		PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	••		=	lΓ	X\$ 9=		OR	X\$18=	
	Independent	·		Minus	••••		=		X39=		OR	X78=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
					_	IA WAT !			+130=		OR	+260=	
	If the entry in colu If the "Highest Nu	mber P	reviously Pa	ald For IN THI	S SPA	CE is less the	an 20, enter "20.	. <b>*</b>	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
***If the "Highest Numb r Previously Pald For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Pr viously Paid F r" (Total r Independent) is the highest number found in the appropriate box in column 1.													

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/543055

FORM OIPE-RAM-01 (Rev. 12/97)

## Total Fee Calculation

rotal ree Calculation										
	Fee Cade	Total # Cluims	Number Extra X	Fee	Fcc -	Tatal				
,,	Sm./Lg.			Sm. Entiry	Lg. Entiry	•				
Basic Filing Fee	201/101 🛷			<del></del>	690,00 .	69000				
Total Claims >20	203/103	80 .20 -	60 x		18.00	1030.00				
Independent Claims >1	202/102	<u>6</u> .j-	<u>3</u> x		78,60.	234,00				
Mult, Dep Claim Present	204/104					<u> </u>				
Surcharge	205/105				138.00	130,00				
English Translation	139									
TOTAL FEE CALCULA	MOIT					2134.60				
Fees due upon filing th	e application:									
Total Filing Fees Due	= S_	2134.00								
Less Filing Fees Submi	ned -\$									
BALANCE DUE	= S _2	134,00								
Office of Initial Patent E	xamination	<del></del>								
FORM OIPE-RAM-01 (Rev	17/97)	Figur	re 7							